FEC FORM 1

STATEMENT OF ORGANIZATION

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. •		(See instructions)						Office use only						
1. NAME C		n full)		(Check if nam is changed)		mple: If typyii the lines	ng, type	12FE	4M5	1 1				
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ADDRESS (n	umber an	d street)	3246	E. Ridgevie	ew Street	<u> </u>	1 1 1 1							
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COMMITTEE (Check is chan	if addre			RL) ongforcong	ress.com	1 1 1 1			 	1 — 1 —				<u>.</u>
2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y														
3. FEC IDE	NTIFIC	ATION N	JMBER		C CO)460063								
4. IS THIS	STATE	MENT	NEW	(N) C	OR X	AMEN	DED (A)							
I certify that I h			-	to the best of m	y knowledge ai	nd belief it is tr	rue, correct ar	nd comple	te					
Signature of 1	Γreasur	er El <u>ec</u>	tronically Filed	d by Ron N	leville			Date	[™] 0 8	M /	D 03	/ Y	ý 20	1 1
NOTE: Submis	ssion of	false, erron		plete informatio							2 U.S.C	. §437g	-	
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